

**THIS NOTICE DESCRIBES HOW INFORMATION ABOUT  
YOU MAY BE USED AND DISCLOSED AND HOW YOU  
CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY.**

At the Durham County Department of Public Health, we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Privacy Practices describes the personal health information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information.

### **Understanding Your Health Record/Information**

Each time you visit Durham County Department of Public Health, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information is often referred to as your health or medical record and serves as a way to:

- Treat you
- To run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

### **Patient's Rights**

Although your health record is the physical property of Durham County Department of Public Health, the information belongs to you. You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share  
*If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information*
- Get a list of those with whom we've shared your information for six years prior to the date you ask
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

### **Our Responsibilities**

#### **Durham County Health Department is required to:**

- Maintain the privacy and security of your health information,
- Provide you with this notice as to our legal duties and privacy practices with respect to health information we collect and maintain about you,
- Let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- Abide by the terms of this notice and give you a copy of the notice.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will provide you with a revised copy of this brochure on your next scheduled visit, mail it to the address you've supplied to us or send by email if designated.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue using or disclosing your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

### **For More Information or to Report a Problem**

To share a concern or complaint, you may contact the **HIPAA Privacy Officer, 919/560-7762, 414 East Main Street, Durham NC 27701.**

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer, or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

#### *Office for Civil Rights*

U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201

## **Examples of Disclosures for Treatment, Payment and Health Operations**

### **To treat you**

We can use your health information and share it with other professionals who are treating you.

### **To run our organization**

We can use and share your health information to run our agency, improve your care, and contact you when necessary.

### **To bill for your services**

We can use and share your health information to bill and get payment from health plans or other entities.

### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research.

### **To help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety
- Appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

### **To do research**

We can use or share your information for health research.

### **To comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### **To address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### **To respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **To communication with family:**

Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend, personal representative or any other person you identify, health information relevant to that person's involvement in your care, or payment related to your care including location and condition.



Public Health

# **NOTICE OF PRIVACY PRACTICES**

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